

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
**101 591 734**

FILING DATE  
**9.1.06**

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2						
3						
4						
5	/		/			
6						
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47						
48						
49						
50						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		20				
52		20				
53		8	/			
54		8				
55		8				
56		8				
57		8				
58		00				
59		00				
60		00				
61		00				
62		00				
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95						
96						
97						
98						
99						
100						
TOTAL IND.		↓	4	↓		↓
TOTAL DEP.		←	47	←		←
TOTAL CLAIMS			51			